

OAHU CANDIDATES-
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT
NONCANDIDATE COMMITTEE

COPY

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR NONCANDIDATE COMMITTEES.")

SECTION I-NONCANDIDATE COMMITTEE:

(a) Committee Name:

Hawaii Machinists Non Partisan
Political League

(b) Mailing Address:

1934 Hau Street

Honolulu HI 96819-3255

(c) Phone (Bus)

(808) -32-0261

(Res)

(808) 839-1402

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

☒ Preliminary Primary

☐ Amended

☐ Final Primary

☐ Short Form

☐ Preliminary General

☐ Final Election Period

☐ Supplemental

REPORTING PERIOD

01-01-06 through 09-8-06

SECTION III (Part 1)-SUMMARY OF RECEIPTS AND DISBURSEMENTS
(Complete Section III (Part 2) on the Second Half of this Form Before Completing This Section)

COLUMN A

COLUMN B
ELECTION PERIOD
TOTAL TO DATE

TOTAL THIS PERIOD

1. Cash on Hand at the Beginning of the Election Period (Continuing Committee) OR at the time the Organizational Report was Filed (New Committee).....		\$ 5656
2. Cash on Hand at the Beginning of this Reporting Period.....	\$ 5656	
3. Total Receipts (From Line 11, Column A and B).....	603	603
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B).....	6259	6259
5. Total Disbursements (From Line 14, Column A and B).....	1267	1267
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4 for Columns A and B).....	\$ 4992	\$ 4992

SECTION III (Part 2)-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS
(If Necessary, Complete Schedules A through D Before Completing This Section)

RECEIPTS

7. Monetary Contributions of \$100 or Less.....		
8. Non-Monetary Contributions of \$100 or Less.....		
9. Aggregate Monetary and Non-Monetary Contributions of More Than \$100 (Schedule A, Line 2 for Column A).....	\$ 603	\$ 603
10. Other Receipts (Schedule D, Line 2 for Column A).....		
11. Total Receipts (Add Lines 7 through 10 for Columns A and B).....	\$ 603	\$ 603

DISBURSEMENTS

12. Contributions To Candidates (Schedule B, Line 2 for Column A).....	\$ 900	\$ 900
13. Expenditures (Schedule C, Line 2 for Column A).....	367	367
14. Total Disbursements (Add Lines 12 and 13 for Columns A and B).....	\$ 1267	\$ 1267

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Carolyn J. Kuchner

9/26/06

Chris LeCom

9/26/06

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

SCHEDULE A

**AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100
NONCANDIDATE COMMITTEE**

REMINER: NON-MONETARY CONTRIBUTIONS ARE ALSO REQUIRED TO BE REPORTED AS EXPENDITURES (Schedule C).

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

COMMITTEE NAME: (Must be same as on Form NC-1)

Hawaii Machinists Non Partisan Political League

PAGE 1 OF 1

DATE OF RECEIPT AND/OR DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	NAME OF EMPLOYER (IF INDIVIDUAL)	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT (IF INDIVIDUAL)	OCCUPATION (IF INDIVIDUAL)		
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION		\$ 603	\$ 603
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	NOTE: Hawaii Machinists Non Partisan Political League is funded thru a voluntary per capita of five cents (\$0.05) per month per active members			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100 THIS PERIOD (THIS PAGE).....

2. TOTAL OF AGGREGATE MONETARY AND NON-MONETARY CONTRIBUTIONS OF MORE THAN \$100.....

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B
CONTRIBUTIONS TO CANDIDATES
NONCANDIDATE COMMITTEE**

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NONCANDIDATE COMMITTEE NAME:

PAGE

1

OF

1

Hawaii Machinists Non-Partisan Political League

DATE OF CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF CANDIDATE	AMOUNT OF CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
2/13/06	Friends of Pono Chong Kanehoe Hawaii	\$ 200	\$ 200
3/2/06	Friends of Dwight Takamine Honolulu HI	200	200
3/20/06	Friends of Ryan Yamane Honolulu HI	100	100
3/20/06	Friends of Ray Ray Takami Honolulu HI	200	200
4/5/06	Friends of Lyla Berg	200	200

1. SUBTOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (THIS PAGE)..... \$ 900

2. TOTAL OF CONTRIBUTIONS TO CANDIDATES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON THE DISCLOSURE REPORT, SECTION III (PART 2), LINE 12, COLUMN A).....

STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION
SCHEDULE C
EXPENDITURES
NONCANDIDATE COMMITTEE

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COMMITTEE NAME: (Must be same as on Form NC-1)

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Hawaii Machinists Non-Partisan Political League

DATE OF EXPENDITURE	General and Miscellaneous expenses FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT PAID EXPENDIT FAIR MARKET OF NON-MONI CONTRIBUT THIS PERI
	General and Miscellaneous expenses		\$ 367

1. SUBTOTAL OF EXPENDITURES THIS PERIOD (THIS PAGE)..... **\$ 367**
2. TOTAL OF EXPENDITURES THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON FORM NC-3, SECTION III (PART 2), LINE 13, COLUMN A).....

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE D
OTHER RECEIPTS (Interest, Refunds, Etc.)
NONCANDIDATE COMMITTEE**

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COMMITTEE NAME: (Must be same as on Form NC-1)

PAGE 1 OF 1

Hawaii Machinists Non-Partisan Political League

DATE OF RECEIPT AND DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	none			none

1. SUBTOTAL OF OTHER RECEIPTS (Interest, Refunds, Etc.) THIS PERIOD (THIS PAGE)..... none
2. TOTAL OF OTHER RECEIPTS (Interest, Refunds, Etc.) THIS PERIOD (LAST PAGE THIS LINE ONLY) (ENTER TOTAL ON FORM NC-3, SECTION III)..... none